

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO 00/890199	FILING DATE
						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51	
2		/				52	
3	/					53	
4		/				54	
5		/				55	
6		/				56	
7		/				57	
8		/				58	
9		/				59	
10		/				60	
11		/				61	
12						62	
13						63	
14						64	
15						65	
16						66	
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36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	/					TOTAL IND.	
TOTAL DEP.	10	↓	↓	↓		TOTAL DEP.	↓
TOTAL CLAIMS	11					TOTAL CLAIMS	

BEST AVAILABLE COPY